



APPLIED MEDICAL

Fax:949-713-8206

Oct 5 2004 10:28

P.02

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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**INSTRUCTIONS:** This form should be used for transmitting the (ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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7590 08/04/2004

Richard L. Myers  
 22872 Avenida Empresa  
 Rancho Santa Margarita, CA 92688  
 10/06/2004 AWONDAF2 00000016 012215 10052329

01 FC:1501	1370.00 DA
02 FC:1504	300.00 DA
03 FC:8001	30.00 DA

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Barbara Johnson	(Depositor's name)
Barbara Johnson	(Signature)
October 5, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/052,329	01/18/2002	Charles C. Hart	AUS-1828-AL	1170

TITLE OF INVENTION: SURGICAL CLIP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	\$665 \$1370	\$300	\$965 \$1670	11/04/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
DAVIS, DANIEL J	3731	606-232000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rcv 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Richard L. Myers  
 2. Kenneth K. Vu  
 3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

APPLIED MEDICAL RESOURCES CORP.

Rancho Santa Margarita, California

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

## 4a. The following fee(s) are enclosed:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 10

## 4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 01-2213 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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(Authorized Signature)

(Date)  
8/27/04

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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## APPLIED MEDICAL

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application No.:	10/052,329	)	Confirmation No.: 1170
Applicant:	Hart, et al.	)	
Filed:	January 18, 2002	)	
TC/A.U.	3731	)	
Examiner:	Davis, Daniel J.	)	
Docket No.:	AUS-1828-AL	)	
Customer No.:	21378	)	

**CERTIFICATE OF FACSIMILE**  
*I hereby certify that this correspondence was sent by facsimile transmitted to the U.S. Patent and Trademark Office (Fax No. (703) 556-2000) on October 5, 2004.*

Barbara Johnson   
(Type or print name)

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October 5, 2004

Barbara Johnson

*(Type or print name)*

Barbara Johnson  
(Signature)

Dear Sirs:

Attached please find the following documents submitted for filing in reference to the above-referenced application.

- 1. Part B- Fee Transmittal (1 original, 1 copy)**

**Respectfully submitted,**

*Barbara Johnson*  
Barbara Johnson  
Applied Medical Resources

**CUSTOMER NO.: 21378**  
Telephone No.: (949) 713-8200  
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